

County: Sheboygan  
SHEBOYGAN RETIREMENT HOME & BEACH HCC  
930 NORTH 6TH STREET

Facility ID: 8150

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SHEBOYGAN 53081 Phone: (920) 458-2137  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 83  
Total Licensed Bed Capacity (12/31/01): 84  
Number of Residents on 12/31/01: 81

Ownership: Nonprofit Church  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 81

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		29.6
Supp. Home Care-Personal Care	No					1 - 4 Years		46.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.5	More Than 4 Years		23.5
Day Services	No	Mental Illness (Org./Psy)	34.6	65 - 74	4.9			-----
Respite Care	No	Mental Illness (Other)	7.4	75 - 84	27.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	16.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	6.2	65 & Over	97.5	-----		
Transportation	No	Cerebrovascular	12.3		-----	RNs		18.9
Referral Service	Yes	Diabetes	4.9	Sex	%	LPNs		4.9
Other Services	No	Respiratory	2.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.5	Male	17.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	82.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	4	100.0	314	41	87.2	106	0	0.0	0	30	100.0	147	0	0.0	0	0	0.0	0	75	92.6
Intermediate	---	---	---	6	12.8	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	7.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		47	100.0		0	0.0		30	100.0		0	0.0		0	0.0		81	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	5.4	Bathing	7.4	49.4	43.2	81
Other Nursing Homes	7.1	Dressing	17.3	46.9	35.8	81
Acute Care Hospitals	62.5	Transferring	37.0	32.1	30.9	81
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	30.9	37.0	32.1	81
Rehabilitation Hospitals	1.8	Eating	67.9	13.6	18.5	81
Other Locations	21.4	*****				
Total Number of Admissions	56	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	9.9	Receiving Respiratory Care	4.9	
Private Home/No Home Health	5.3	Occ/Freq. Incontinent of Bladder	53.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	5.3	Occ/Freq. Incontinent of Bowel	43.2	Receiving Suctioning	0.0	
Other Nursing Homes	7.0			Receiving Ostomy Care	1.2	
Acute Care Hospitals	5.3	Mobility		Receiving Tube Feeding	2.5	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	33.3	
Rehabilitation Hospitals	0.0					
Other Locations	15.8	Skin Care		Other Resident Characteristics		
Deaths	61.4	With Pressure Sores	1.2	Have Advance Directives	85.2	
Total Number of Discharges		With Rashes	2.5	Medications		
(Including Deaths)	57			Receiving Psychoactive Drugs	54.3	

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	89.4 1.08	85.1 1.13	84.3 1.14	84.6	1.14
Current Residents from In-County	88.9	82.7 1.07	80.0 1.11	82.7 1.08	77.0	1.15
Admissions from In-County, Still Residing	41.1	25.4 1.62	20.9 1.96	21.6 1.90	20.8	1.97
Admissions/Average Daily Census	69.1	117.0 0.59	144.6 0.48	137.9 0.50	128.9	0.54
Discharges/Average Daily Census	70.4	116.8 0.60	144.8 0.49	139.0 0.51	130.0	0.54
Discharges To Private Residence/Average Daily Census	7.4	42.1 0.18	60.4 0.12	55.2 0.13	52.8	0.14
Residents Receiving Skilled Care	92.6	93.4 0.99	90.5 1.02	91.8 1.01	85.3	1.09
Residents Aged 65 and Older	97.5	96.2 1.01	94.7 1.03	92.5 1.05	87.5	1.11
Title 19 (Medicaid) Funded Residents	58.0	57.0 1.02	58.0 1.00	64.3 0.90	68.7	0.84
Private Pay Funded Residents	37.0	35.6 1.04	32.0 1.16	25.6 1.45	22.0	1.68
Developmentally Disabled Residents	0.0	0.6 0.00	0.9 0.00	1.2 0.00	7.6	0.00
Mentally Ill Residents	42.0	37.4 1.12	33.8 1.24	37.4 1.12	33.8	1.24
General Medical Service Residents	18.5	21.4 0.87	18.3 1.01	21.2 0.87	19.4	0.95
Impaired ADL (Mean)	50.1	51.7 0.97	48.1 1.04	49.6 1.01	49.3	1.02
Psychological Problems	54.3	52.8 1.03	51.0 1.07	54.1 1.00	51.9	1.05
Nursing Care Required (Mean)	5.7	6.4 0.89	6.0 0.95	6.5 0.87	7.3	0.78